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NOV 15 2004

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Y. Lee et al.  
Application No.: 10/635,245  
Filed: August 5, 2003  
For: GROUND-ENHANCED SEMICONDUCTOR PACKAGE AND LEAD FRAME  
FOR THE SAME

Group No.: 2811  
Examiner: Gebremariam

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

## STATUS

2. Applicant is  
☐ a small entity. A statement:  
☐ is attached.  
☐ was already filed.  
☒ other than a small entity.

## EXTENSION OF TERM

NOTE: "Extension of Time in Patent Cases (Supplement Amendments) -- If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. SECTION 1.8(a))

11/22/2004 10:00:00 AM  
I hereby certify that, on the date shown below, this correspondence is being:

01 FC:1251 110.00 DA MAILING

- ☐ deposited with the United States Postal Service, as First Class Mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- ☒ transmitted by facsimile to Group 2800 of the Patent and Trademark Office (703) 872-9318.

Date: November 15, 2004

Signature

  
Steven M. Jensen

(type or print name of person certifying)

(Amendment Transmittal—page 1 of 4)

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. Section 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	** Minus	**	=		x \$9 =	\$		x \$18 =	\$
Indep.	** Minus	**	=		x \$42 =	\$		x \$84 =	\$
[ ] First Presentation of Multiple Dependent Claim					+ \$140 =	\$		+ \$280 =	\$
Total Addit. Fee						\$	OR	Total Addit. Fee	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (Section 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. Section 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

(c) [X] No additional fee for claims is required.

OR

(d) [ ] Total additional fee for claims required \$

**FEE PAYMENT**

5. [ ] Attached is a check in the sum of \$\_\_\_\_\_.  
 [X] Charge Account No. 04-1105 the sum of \$110.00.

(Amendment Transmittal—page 3 of 4)

**FEE DEFICIENCY**

**NOTE:** *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 04-1105.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Account No. 04-1105

Date: November 15, 2004

Reg. No. 42,693

Tel. No. 617-439-4444

Customer No. 21874

  
\_\_\_\_\_  
SIGNATURE OF PRACTITIONER

Steven M. Jonsen  
(type or print name of practitioner)  
EDWARDS & ANGELL, LLP  
P.O. Box 55874  
P.O. Address

Boston, MA 02205

BOS2\_466774.1

(Amendment Transmittal--page 4 of 4)

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number

10635245

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	20	Minus	20	=
	Independent (37 CFR 1.16(b))	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))		Minus		=
	Independent (37 CFR 1.16(b))		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.